



# WorkWell, Inc.

## Membership Application

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address (If different from above): \_\_\_\_\_  
Number of Employees (including part-time): \_\_\_\_\_

### Chief Executive Officer

Name \_\_\_\_\_  
Title (i.e., President, Director, etc.) \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail (Please Include-Important) \_\_\_\_\_

*The following information is included in the WorkWell directory. Please indicate with an \* if there is any information you do not wish to have listed.*

### WorkWell Voting Delegate (one per company)

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail (Please Include-Important) \_\_\_\_\_

**Additional Delegate** (companies with 51 or more employees may have two delegates on the mailing list. If additional names are requested, please include an additional \$50.00 per person with registration fee).

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail (Please Include-Important) \_\_\_\_\_

### Annual Membership Fee

# of employees	Fee Amount
<input type="checkbox"/> 1 - 24 (membership does not include Well Workplace) .....	\$91.25
<input type="checkbox"/> 1 - 24 (membership includes Well Workplace) .....	\$182.50
<input type="checkbox"/> 25 - 50 (membership includes Well Workplace) .....	\$182.50
<input type="checkbox"/> 50+ (membership includes Well Workplace) .....	\$365.00

**Please make checks payable to WorkWell, Inc. and return to:**

WorkWell, Inc.  
3140 N Street  
Lincoln NE 68510.

## Welcome to WorkWell!

For Dept. Use Only:

Date Received: \_\_\_\_\_  
Amount: \_\_\_\_\_ Check #: \_\_\_\_\_